PTO/SB/21 (08-00)

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Unser the Paperwork Reduction Act of 1995, no	persons are	required to resp	Application Number		09/266,012	1
TRANSMITTAL			Filing Date First Named Inventor		March 11, 1999 Yukio YAMAUCHI et al. 2815	
FORM (to be used for all correspondence after initial filing)						
			Examiner Name		740756-1947	
Total Number of Pages in This Subm	ission		Attorney Docket Number		740730 13	Ī
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Fee Transmittal Form		Assign	ment Papers Application)		Propert for Reconsideration	
Fee Attached			Drawing(s)			-0
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Response to Missing Parts/ Incomplete Application		Remarks	The Commission required or credit any the above identified d	очетра	ereby authorized to charge any additional fee syments to Deposit Account No. 19-2380 for number.	'S
Response to Missing Parts under 37 CFR 1.52 or 1.53						-
	SIGNAT	URE OF A	PPLICANT, ATTORNI	EY, O	R AGENT	
Firm or Individual name	Nixon I 8180 G Suite 8	Peabody LL reensboro I	Drive	<u>-</u>		
Signature		5-6	<u> </u>			
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I hereby certify that this correspon envelope addressed to: Commissi	idence is b oner for P	eing deposited atents, Washin	with the United States Post igton, DC 20231 on this date	al Serv	ice with sufficient postage as first class mail	
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PTO/SB/17 (11-00)
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	Complete if Known			
(E)	Application Number 09/266,012			
FEE TRANSMITTAL	Filing Date March 11, 1999	March 11, 1999 Yukio YAMAUCHI et al. N. Drew Richards		
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FUK F I ZUUI	Examiner Name N. Drew Richards			
Patent fees are subject to annual revision.	Group Art Unit 2815			
AMOUNT OF PAYMENT (\$) 110.00	August Decket No. 740756-1947	<u></u>		
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METHOD OF PAYMENT	3. ADDITIONAL FEES	ń		
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	Large Small Entity Entity Fee Fee Fee	ME		
Deposit Account 19-2380	Code (S) Code (S) Fee Description			
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	146 740 246 370 Filing a submission after final rejection (37 CFR			
Independent3** = X =	§ 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 CFR § 1.29(b))			
Large Entity Small Entity	179 740 279 370 Request for Continued Examination (RCE)			
Fee Fee Fee Fee Description Code (\$) Code (\$)	169 900 169 900 Request for expedited examination of a design application			
103 18 203 9 Claims in excess of 20	Other fee (specify)			
102 84 202 42 Independent claims in excess of 3	SUBTOTAL (3) (\$) 110.00			
104 280 204 140 Multiple dependent claim, if not paid	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00			
109 84 209 42 ** Reissue independent claims over				
original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent	CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20	e with :0231, c		
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